

OIPA
JULY 2002
PARENT & TRADEMARK OFFICE
COPY OF PAPERS
ORIGINALLY FILED

Please type a plus sign (+) inside this box →

PTO SB 17-5
Approved for use through 10-31-2002 OMB 0651-0107

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

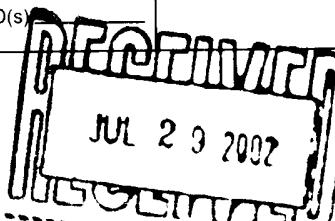
TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/073,796
		Filing Date	2/11/2002
		First Named Inventor	Donald L. Schilling
		Group Art Unit	Not Yet Known
		Examiner Name	Not Yet Known
Total Number of Pages in This Submission	7	Attorney Docket Number	I-2-0074.5US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

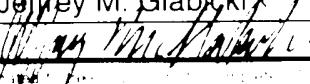


JUL 24 2002
RECEIVED
TC 2800 MAIL ROOM

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeffrey M. Glabicki Volpe and Koenig, P.C.	Reg. No. 42,584
Signature		

CERTIFICATE OF MAILING

Addressed to: Commerce, Patent Office, Washington, DC 20540, USA	Date	July 16, 2002	
Typed or printed name	Jeffrey M. Glabicki	Date	July 16, 2002
Signature		Date	July 16, 2002

For more information about the Patent and Trademark Office's electronic filing system, visit our website at www.uspto.gov.
Filing fees are payable in advance. Please refer to the fee schedule for more information.

287611

COPY OF PAPERS
ORIGINALLY FILED

O/P/E
JUL 22 2002

RECEIVED

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Volpe and Koenig Revision of PTO SB 17 (06-01)

Approved for use through 10-31-2002 OMB 0651-0032

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

(\$)

0

Complete if Known

Application Number	10/073,796
Filing Date	2/11/2002
First Named Inventor	Donald L. Schilling
Examiner Name	Not Yet Known
Group Art Unit	Not Yet Known
Attorney Docket No	I-2-0074.5US

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **22-0493**

Deposit Account Name **VOLPE AND KOENIG, P.C.**

Charge any Deficiencies or Credit any Overpayment in the Total Fees Associated With This Communication

Applicant claims small entity status
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath		
127	50	227	25	Surcharge - late provisional filing fee or cover sheet		
139	130	139	130	Non-English specification		
147	2,520	147	2,520	For filing a request for ex parte reexamination		
112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
115	110	215	55	Extension for reply within first month		
116	400	216	200	Extension for reply within second month		
117	920	217	460	Extension for reply within third month		
118	1,440	218	720	Extension for reply within fourth month		
128	1,960	228	980	Extension for reply within fifth month		
119	320	219	160	Notice of Appeal		
120	320	220	160	Filing a brief in support of an appeal		
121	280	221	140	Request for oral hearing		
138	1,510	138	1,510	Petition to institute a public use proceeding		
140	110	240	55	Petition to revive - unavoidable		
141	1,280	241	640	Petition to revive - unintentional		
142	1,280	242	640	Utility issue fee (or reissue)		
143	460	243	230	Design issue fee		
144	620	244	310	Plant issue fee		
122	130	122	130	Petitions to the Commissioner		
123	50	123	50	Processing fee under 37 CFR 1.17(q)		
126	180	126	180	Submission of Information Disclosure Stmt		
581	40	581	40	Recording each patent assignment per property (times number of properties)		
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))		
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))		
*For number previously paid or greater than the issued fee see above						

FEE CALCULATION

1. **BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee	Fee Description	Fee Paid
101	740	201	370	Utility filing fee		
106	330	206	165	Design filing fee		
107	510	207	255	Plant filing fee		
108	740	208	370	Reissue filing fee		
114	160	214	80	Provisional filing fee		

SUBTOTAL (1) (\$)

0

2. **EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>
Multiple Dependent	** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee	Fee Description
103	18	203	9
102	84	202	42
104	280	204	140
109	84	209	42

Claims in excess of 20

Independent claims in excess of 3

Multiple dependent claim, if not paid

** Reissue independent claims over original patent

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete if applicable

Name / First Type	Jeffrey M. Glabicki,	Registration No	42,584	Telephone	215-568-6400
Signature	<i>[Signature]</i>	Date			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. TIME WILL BE RECORDED AS A BURDEN HOUR. If you have comments concerning the burden of this form, please write them on the back and mail to: U.S. Patent and Trademark Office, Office of the Commissioner, Washington, DC 20591-0000. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20591.